

How to Bill for Nursing Facility Add-On Code S0317 (Revised 10/1/2021)
(Also known as “Medicaid Transitional Add-On”)

Nursing Facilities Billing for Add-On Services Provided in a Nursing Facility

Beginning *October 1, 2021*, a nursing facility will be eligible for a Medicaid Transitional add-on of \$130 per member per day for the first 30 days of the FFS member’s nursing facility stay, not including any leaves of absence, if the FFS member meets all the following criteria:

- (a) MassHealth is the FFS member’s primary payer for nursing facility services at the time of admission;
- (b) The FFS member was transferred to the nursing facility directly from an acute or a *non-acute* inpatient hospital on or after October 1, 2021; and
- (c) The FFS member is not returning to the nursing facility from a medical leave of absence.

Nursing facilities should submit claims for the add-on services directly to MassHealth as indicated below.

BILL NURSING FACILITY ADD ON RATE USING AN INSTITUTIONAL 837I OUTPATIENT CLAIM

These are the values that are different than what a Nursing Facility normally bills for.

On the 837I transaction enter a Type of Bill TOB: **231**

Use a Revenue Code: **0220 Special Charges General Classification**

With a HCPCS Code: **S0317 DISEASE MANAGEMENT PROGRAM; PER DIEM**

Enter the total number of Days

IF BILLING ELECTRONICALLY ON THE INSTITUTIONAL 837I

Image from page 145 of the 837I Guide, annotated to instruct billers to use Type of Bill Code 231

ASC X12N • INSURANCE SUBCOMMITTEE
TECHNICAL REPORT • TYPE 3

005010X223 • 837 • 2300 • CLM
CLAIM INFORMATION

REQUIRED	CLM05	C023	HEALTH CARE SERVICE LOCATION INFORMATION	O 1
			To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered	

REQUIRED	CLM05 - 1	1331	Facility Code Value	M AN 1/2
			Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.	

IMPLEMENTATION NAME: Facility Type Code

REQUIRED	CLM05 - 2	1332	Facility Code Qualifier	O ID 1/2
			Code identifying the type of facility referenced	

SEMANTIC:
C023-02 qualifies C023-01 and C023-03.

CODE	DEFINITION
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A	Uniform Billing Claim Form Bill Type
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CODE SOURCE 236: Uniform Billing Claim Form Bill Type

REQUIRED	CLM05 - 3	1325	Claim Frequency Type Code	O ID 1/1
			Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type	

USE TOB
231

IMPLEMENTATION NAME: Claim Frequency Code

CODE SOURCE 235: Claim Frequency Type Code

Image from page 284 of the 837I Guide to instruct billers on the use of Value Code 24

ELEMENT DETAIL

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present.	M	1					
REQUIRED	HI01 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08.	M	ID	1/3				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>BE</td><td>Value CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes</td></tr></table>	CODE	DEFINITION	BE	Value CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes			
CODE	DEFINITION									
BE	Value CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes									
REQUIRED	HI01 - 2	1271	Industry Code Code indicating a code from a specific industry code list SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.	M	AN	1/30				
			IMPLEMENTATION NAME: Value Code							

ENTER VALUE
CODE 24

Image from pages 424, 425, and 426 of the 837I Guide, annotated to instruct billers on the use of Revenue Code 220 and corresponding HCPCS code

005010X223 • 837 • 2400 • SV2
INSTITUTIONAL SERVICE LINE

ASC X12N • INSURANCE SUBCOMMITTEE
TECHNICAL REPORT • TYPE 3

ELEMENT DETAIL







USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SV201	234	Product/Service ID Identifying number for a product or service SYNTAX: R0102 SEMANTIC: SV201 is the revenue code. IMPLEMENTATION NAME: Service Line Revenue Code See Code Source 132: National Uniform Billing Committee (NUBC) Codes.	X 1 AN 1/48
				
REQUIRED	SV202 - 1	235	Product/Service ID Qualifier Code identifying the type/source of the descriptive number used in Product/Service ID (234) SEMANTIC: C003-01 qualifies C003-02 and C003-08. IMPLEMENTATION NAME: Product or Service ID Qualifier and Supply Codes Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC. CODE SOURCE 130: Healthcare Common Procedural Coding System	M ID 2/2
 <div style="border: 1px solid red; padding: 2px; display: inline-block;">HC</div>				
REQUIRED	SV202 - 2	234	Product/Service ID Identifying number for a product or service SEMANTIC: If C003-08 is used, then C003-02 represents the beginning value in the range in which the code occurs. IMPLEMENTATION NAME: Procedure Code	M AN 1/48
				
REQUIRED	SV203	782	Monetary Amount Monetary amount SEMANTIC: SV203 is the submitted service line item amount. IMPLEMENTATION NAME: Line Item Charge Amount This is the total charge amount for this service line. The amount is inclusive of the provider's base charge and any applicable tax amounts reported within this line's AMT segments.	O 1 R 1/18
				

Image from page 428 of the 837I Guide, annotated to instruct Billers on inputting of required Days

REQUIRED	SV204	355	Unit or Basis for Measurement Code	X 1	ID	2/2
 <div>ENTER DA</div>			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken			
			SYNTAX: P0405			
			CODE	DEFINITION		
			DA	Days		
			UN	Unit		

REQUIRED	SV205	380	Quantity	X 1	R	1/15
 <div>ENTER # OF DAYS</div>			Numeric value of quantity			
			SYNTAX: P0405			
			IMPLEMENTATION NAME: Service Unit Count			
			The maximum length for this field is 8 digits excluding the decimal. When a decimal is used, the maximum number of digits allowed to the right of the decimal is three.			

SEGMENT DETAIL

NM1 - ATTENDING PROVIDER NAME

ELEMENT DETAIL

USAGE	REF DES	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	M 1	ID	2/3				
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>71</td><td>Attending Physician When used, the term physician is any type of provider filling this role.</td></tr></tbody></table>	CODE	DEFINITION	71	Attending Physician When used, the term physician is any type of provider filling this role.			
CODE	DEFINITION									
71	Attending Physician When used, the term physician is any type of provider filling this role.									
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M 1	ID	1/1				
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>1</td><td>Person</td></tr></tbody></table>	CODE	DEFINITION	1	Person			
CODE	DEFINITION									
1	Person									
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational name SYNTAX: C1203	X 1	AN	1/60				
			IMPLEMENTATION NAME: Attending Provider Last Name							
SITUATIONAL	NM104	1036	Name First Individual first name SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send.	O 1	AN	1/35				
			IMPLEMENTATION NAME: Attending Provider First Name							
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send.	O 1	AN	1/25				
			IMPLEMENTATION NAME: Attending Provider Middle Name or Initial							
NOT USED	NM106	1038	Name Prefix	O 1	AN	1/10				
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name SITUATIONAL RULE: Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send.	O 1	AN	1/10				
			IMPLEMENTATION NAME: Attending Provider Name Suffix							

SITUATIONAL

NM108

66

Identification Code Qualifier

X 1 ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

SYNTAX: P0809

SITUATIONAL RULE: *Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI.*

OR

Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.

OR

Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it.

If not required by this implementation guide, do not send.

**ATTENDING
PROVIDER #**

CODE

DEFINITION

XX

**Centers for Medicare and Medicaid Services
National Provider Identifier**

CODE SOURCE 537: Centers for Medicare and Medicaid Services
National Provider Identifier

POSC SCREEN SHOTS IF MANUALLY BILLING VIA DIRECT DATA ENTRY (DDE)

Health and Human Services

Mass.gov

November 21, 2018
HOME
CONSUMERS
PROVIDERS
RESEARCHERS
GOVERNMENT
Logout

Collapse Services
Welcome jnursing
Mass.Gov Home
State Agencies
State Online Services

Provider Services
Inquire Claim Status
Billing and Service Confirmation
Extended Services
Coordination of Benefits
Procedure
Attachments

Home
Provider Search
Manage Batch Files
Manage Service Authorizations
Manage Correspondence and Reporting
Manage Members
Manage Claims and Payments
Enter Single Claim
Inquire Claim Status
View PACE Payments
View SCO Payments
Manage Provider Information
Administer Account
Reference Publications
EHR Incentive Program
News & Updates
Related Links

Billing Information

Previous ICN

Type of Bill
231 - Skilled Nursing
Billing Provider Taxonomy

Billing Provider ID
1234567890123 ABC NURSING HOME

Member ID
123456789101

Patient Account #
ADD ON CODE

Last Name
LAST
First Name
FIRST
MI

DOB
03/13/1933
Gender
F - Female

Member Address 1
1 PARK PLACE

Member Address 2

Member City
BOSTON
Member State
MA - Massachusetts

Member Zip
Medical Record #

MUST INDICATE ATTENDING PROVIDER

Attending Phys Last Name
LAST
Attending Phys NPI
1234567890

Attending Phys First Name
FIRST

Assignment of Benefits Ind
Yes

Provider Accepts Assignment
A - Assigned

Claim Filing Indicator
MC - MEDICAID

Release of Information
Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

Service Information

From Date
12/01/2020
Through Date
12/30/2020

Patient Status
30 - STILL PATIENT

Admit or Visit Source
4 - Transfer from a hospital

Admission or Visit Type
3 - ELECTIVE
Admission Date
12/01/2020

Admission Hour
Discharge Hour
00

Delay Reason Code

Claims Charges

Total Charges
\$3,900.00
Patient Responsibility

* Patient Account Number field: type in the Patient Account Number

List of Values	
There is a maximum of 24 value codes.	
Code	Value
→ MEDICAID RATE CODE	3900
New Item	
Value Code Details	
Value Code *	24 - MEDICAID RATE CODE
Value *	3900

- > [Manage Service Authorizations](#)
- > [Manage Correspondence and Reporting](#)
- > [Manage Members](#)
- > [Manage Claims and Payments](#)
 - > [Enter Single Claim](#)
 - > [Inquire Claim Status](#)
 - > [View PACE Payments](#)
 - > [View SCO Payments](#)
- > [Manage Provider Information](#)
- > [Administer Account](#)
- > [Reference Publications](#)
- > [EHR Incentive Program](#)
- > [News & Updates](#)
- > [Related Links](#)

List of Institutional Services						
There is a maximum of 999 institutional service detail records.						
Detail	Rev Code	Service Date Range	HCPCS Procedure	Units	Charges	
→ 01	0220	12/01/2020 - 12/30/2020	S0317	30	\$3,900.00	
New Item						
Institutional Service Detail						
Detail 01						
Revenue Code *		0220				
HCPCS Procedure Code		S0317				
From Date of Service		12/01/2020		To Date of Service		12/30/2020
Units *		30				
Units of Measurement *		DA - Days				
Charges *		\$3,900.00		Co-pay		